Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>1-9-2010</u>	Address:	11793 S CR 720 W
Case #:	<u>34F35934</u>		Holland IN
County:	<u>Dubois</u>		
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (o Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Check all the Lithium ☐ Red Pho ☐ Flamma ☐ Water R ☐ Anhydroch ☐ Corrosiv ☐ Corrosiv	nd: Location (bedroom, kitchen, openat apply) /Ammonia Reaction(s): outside osphorous/Iodine Reaction(s): ble Solvents: outside deactive Metal (Lithium): ous Ammonia: nloric Acid Gas Generator(s): // Pe Acid: // Pe Base: seem and location):	<u> </u>	
Yes No *If yes, fax rep This report Fire Departr Health Depa	r age 18 discovered (check one) (number present) oort to Child Protective Services is to be faxed to the following agenent: Holland VFD artment: Dubois co	☐ Ephedrine ☐ Retail/Me ☑ Other:	seation: 36-3331 31 7069
Child Protection Service: NA For further information regarding this methamphetamine laboratory, contact Investigating Officer: Paul N Andry Phone 812 482 1441			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.